

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKJeffrey DeLossantos

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Sgt Frank BOTT, Et AL.,John DOE #1John DOE #2Officer DUNCANOfficer REYESESU - John DOE #1ESU - John DOE #2ESU - John DOE #3

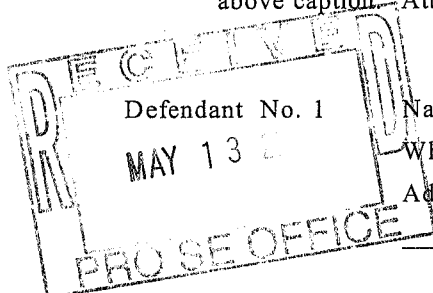
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name Jeffrey DeLossantos  
 ID# 12A4955  
 Current Institution LAKEVIEW SHOCK JCF  
 Address P.O. Box T  
Brocton N.Y. 14716

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

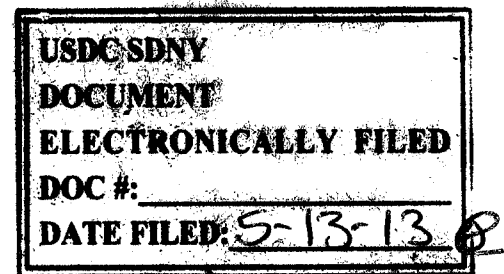


Name Sgt Frank BOTT Shield # UNKNOWN  
 Where Currently Employed NYPD 46 precinct  
 Address NYPD 46th precinct

AMENDED  
COMPLAINT

under the Civil Rights Act,  
 42 U.S.C. § 1983

Jury Trial: ☒ Yes ☐ No  
 (check one)

12 Civ. 8622 (WHP)

Defendant No. 2 Name Officer John Doe #1 Shield #UNKNOWN  
 Where Currently Employed 46<sup>th</sup> Precinct NYPD  
 Address NYPD 46<sup>th</sup> Precinct  
Bronx New York

Defendant No. 3 Name Officer John Doe #2 Shield #UNKNOWN  
 Where Currently Employed 46<sup>th</sup> Precinct NYPD  
 Address NYPD 46<sup>th</sup> Precinct  
Bronx New York

Who did  
what?

Defendant No. 4 Name Officer DUNCAN Shield #UNKNOWN  
 Where Currently Employed 46<sup>th</sup> Precinct NYPD  
 Address NYPD 46<sup>th</sup> Precinct  
Bronx New York

Defendant No. 5 Name Officer REYES Shield #UNKNOWN  
 Where Currently Employed 46<sup>th</sup> Precinct NYPD  
 Address NYPD 46<sup>th</sup> Precinct  
Bronx New York

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

While UNDER THE CARE OF THE NEW YORK  
POLICE DEPARTMENT

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

OCTOBER - NOVEMBER 2009 APPROX 6:30 PM - 8 PM

D. Facts: ON A DAY DURING OCTOBER OR NOVEMBER 2009

What  
happened  
to you?

WHILE I WAS ASLEEP IN MY APARTMENT I WAS  
AWAKENED BY MY DOG BARKING. THAT HAD LET ME  
KNOW THAT SOMEONE WAS INSIDE OF MY

Apartment. There were about 10-15 police officers inside of the apartment pointing guns at me. (E.S.U) Emergency Service Unit & (F.I.O) Field Intelligence Office, from the 46<sup>th</sup> precinct in the Bronx County. At this point I asked to see a search warrant which was never presented to me. E.S.U. officers proceeded to place me in handcuffs and under arrest while my apartment was being searched by the F.I.O. officers. During the search officers asked me to tell them where I had the guns and drugs hidden. I replied by telling them that I had no idea of what they were talking about. Even though their search turned up negative they still hauled me off to jail charging me with criminal possession and sale of a controlled substance. I never received a voucher for anything taken from me.

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

As a result of this arrest I had lost my job, a coin collection, cash I had been saving towards the purchase of a new car. I also live in constant fear that anyone can knock my door down at any given time. My door had to be repaired at my expense. And I did not receive a voucher for any of the items taken from me.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Bronx County Courthouse § 46<sup>th</sup> Precinct

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

N/A

1. Which claim(s) in this complaint did you grieve?

N/A

2. What was the result, if any?

N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I WAS NOT AWARE OF THE GRIEVANCE PROCEDURE  
AT TIME OF CLAIM

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

I WENT TO THE 46<sup>TH</sup> PRECINCT AND ASKED  
THE DESK SARGENT IF THERE WAS A  
VALCHOUR OR RECEIPT OF ANY KIND FOR  
ITEMS TAKEN FROM ME AFTER I WAS  
RELEASED FROM CUSTODY

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: \*You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

MONETARY DAMAGES IN THE AMOUNT OF TWO AND  
A HALF MILLION DOLLARS

On  
these  
claims

**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No   /  

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_  
Defendants   N/A  

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case   N/A  

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
  N/A  

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No   /  

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_  
Defendants   N/A  

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case   N/A  

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7<sup>th</sup> day of MAY, 2013

Signature of Plaintiff

Inmate Number

Institution Address

[Signature]  
12A4955  
LAKEVIEW SHOCK ICF  
P.O. Box 7  
BROOKLYN N.Y.  
JEFFREY DELOSANTOS

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7<sup>th</sup> day of MAY, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

[Signature]



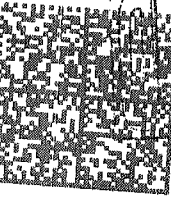
LAKEVIEW SHOCK INCARCERATION CORR. FAC.

P.O. BOX T

BROCTON, NEW YORK 14716-0679

NAME: Jeffrey DeLassantos DIN: 1244955

LAKEVIEW



049J82048990

\$00.660

05/09/2013

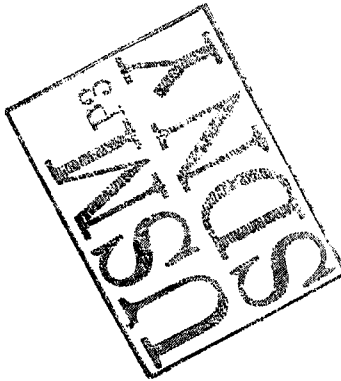
Mailed From 14716

US POSTAGE

ATTN: Clerk of Court

500 Pearl Street Rm 2300

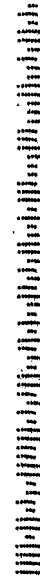
New York N.Y. 10007



MAY 13 2013

PRO SE OFFICE

1000781315



LEGAL mail

LEGAL mail